

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 28196

SEP 6 1941  
Registration District No. 272

Primary Registration District No. 5380

Registrar's No. 85

1. PLACE OF DEATH:

(a) County Douglas  
(b) City or town Ava Rural Finley Twp  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution (Specify whether)  
In this community years, months or days

3. (a) PRINT FULL NAME William H. Nichols

3. (b) If veteran, name war World War 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Ethel E. Nichols 6. (c) Age of husband or wife if alive 25 years  
7. Birth date of deceased August 23, 1893  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
47 11 9 hr. min.

9. Birthplace Garland, Kansas  
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business

12. Name Thomas S. Nichols

13. Birthplace Bronson, Kansas  
(City, town, or county) (State or foreign country)

14. Maiden name Dora Wood

15. Birthplace Claton, Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Ethel E. Nichols

(b) Address Ava, Mo. R. 1.

17. (a) Burial (b) Date thereof 8-4-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Zion

18. (a) Signature of funeral director Clinkingbeard Funeral Home  
Ava, Missouri

(b) Address

19. (a) 8-31 1941 (b) Reba K. White  
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Douglas 034  
(c) City or town Ava Rural 3  
(If outside city or town limits, write "RURAL")  
(d) Street No. Route  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 2  
year 1941 hour 8 minute 30 P.M.

21. I hereby certify that I attended the deceased from May 11 to Aug 2 1941  
that I last saw him alive on July 3 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of right side of back  
Duration 5 months

Due to

Due to

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur?  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature R. M. Norman (M. D. or other)

Address Ava Mo Date signed Aug 30 1941

WRITE MAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

SEP 1 9 1949  
DEC 13 1949

S. P. M. Nammam

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**